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RULE				
APPLICANTS Kimberly A. Anderson, Eagan, MN; Johann J. Neisz, Coon Rapids, MN; Gary A. Rocheleau, Maple Grove, MN; John W. Westrum JR., Prior Lake, MN; David R. Staskin, Boston, MA;				
** CONTINUING DATA ***** This application is a CON of 09/917,445 07/27/2001 PAT 6,802,807 which claims benefit of 60/263,472 01/23/2001 and claims benefit of 60/269,829 02/20/2001 ABN and claims benefit of 60/281,350 04/04/2001 and claims benefit of 60/295,068 06/01/2001 and claims benefit of 60/306,915 07/20/2001				
** FOREIGN APPLICATIONS ***** none filed 4/16/07				
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input checked="" type="checkbox"/> allowance <input checked="" type="checkbox"/> H. St.		STATE OR COUNTRY MN	SHEETS DRAWING 59	TOTAL CLAIMS 9
Verified and Acknowledged Examiner's Signature Initials		INDEPENDENT CLAIMS 3		
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TITLE Surgical instrument and method				
FILING FEE RECEIVED 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	